

## *Preliminary Design* **Washington State Quality Rating & Improvement System**

### **EARLY LEARNING COUNCIL TECHNICAL ADVISORY GROUP (TAC) PROCESS**

- The TAC consists of 21 members who met five times from September 8<sup>th</sup> through October 17th. These meetings included some that were initiated by the TAC and others that involved the TAC participating in technical assistance sessions sponsored by the King County Funders Alliance and the Division of Child Care and Early Learning (DCCEL). Technical assistance was provided for the joint sessions by the National Child Care Information Center.
- In addition, TAC members participated in subcommittees that worked on specific categories. We estimate that TAC members spent x number of hours working on this effort.
- The TAC was co-chaired by Graciela Valencia, Granger School District, and Bridgett Chandler, Talaris Research Institute.
- Staff support was provided by Child Care Resources of King County, DCCEL, and the governor's office.
- TAC members and staff have participated in approximately x presentations to external groups.
- TAC members (and public participants) represented a diverse range of perspectives and concerns. This ensured that the group was continuously reminded of the balance between field realities and the need to move as quickly as possible toward high quality early learning.
- We still have work to do. In particular, we need to refine the elements to be included in each component area, decide which elements should be required, and assign points to the remaining elements. In addition, more work is needed on the approach to tiered reimbursement.

### **WHAT IS A QUALITY RATING AND IMPROVEMENT SYSTEM?**

A Quality Rating and Improvement System linked to tiered reimbursement provides clear steps, supports and incentives for early learning providers to increase the quality of services they provide. The program ratings provide parents and communities with qualitative information about the type and quality of early learning programs that are available in their community.

### **GOALS OF A QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) ARE TO IMPROVE:**

- Quality of care for all children, especially those most vulnerable (for example, those whose care is subsidized);
- Children's readiness for and continued success in school and life;
- Family and community access to information about the quality of early learning programs; and
- Accountability and financing of the early learning and care system

## BASIC QRIS ASSUMPTIONS

- Provider participation in the system is voluntary (HB 1152);
- Implementation will be statewide, following initial pilots;
- Licensed providers, ECEAP and Head Start programs will be included;
- Resources need to be available to assist providers in making quality improvements, as incentives for participation, to improve caregiver and teacher wages, and to offset the additional costs associated with providing quality services, e.g., lower staff-child ratios; and
- Reimbursement rates paid to providers serving state subsidized children need to reflect the market price of care in communities (the 75<sup>th</sup> percentile of market rates is recommended under the Child Care and Development Fund).

## Basic QRIS Design Elements

- The system uses a combination of requirements (building blocks) and points that allow multiple pathways to demonstrating higher quality.
- The system includes five levels that provide realistic steps providers can take in improving the quality of their services. Level 1 is the first step and Level 5 the highest.
  - Level 1: Program complies with licensing standards
  - Levels 2-5: Program complies with licensing standards, meets requirements associated with level and QRIS categories, and earns quality indicator points across QRIS categories as required for level
  - Level 5: Program complies with licensing standards, meets requirements associated with level and QRIS categories, and earns sufficient quality indicator points across QRIS categories (accreditation or equivalent as validated by an external entity).
- Recognizing the differences among settings, while focusing on common outcomes for children, separate tracks will be provided for family homes, centers and school-age care programs. These tracks will be integrated whenever possible.

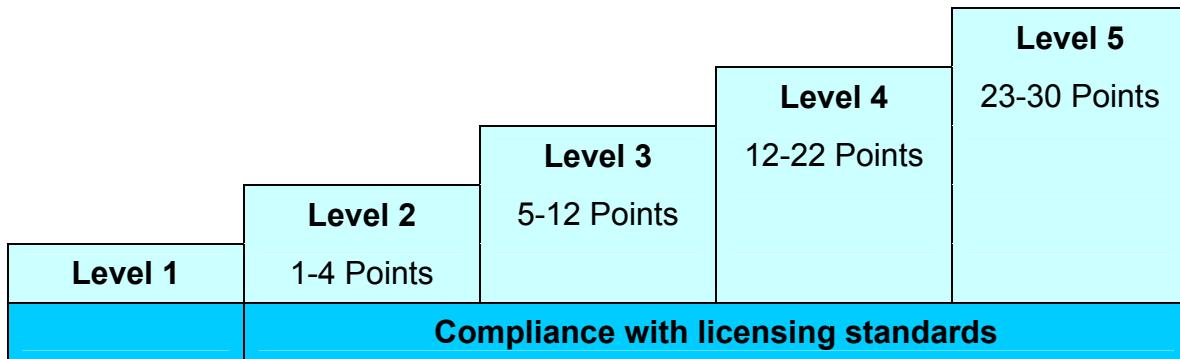
# Washington Learns

Early Learning Council

October 19, 2005

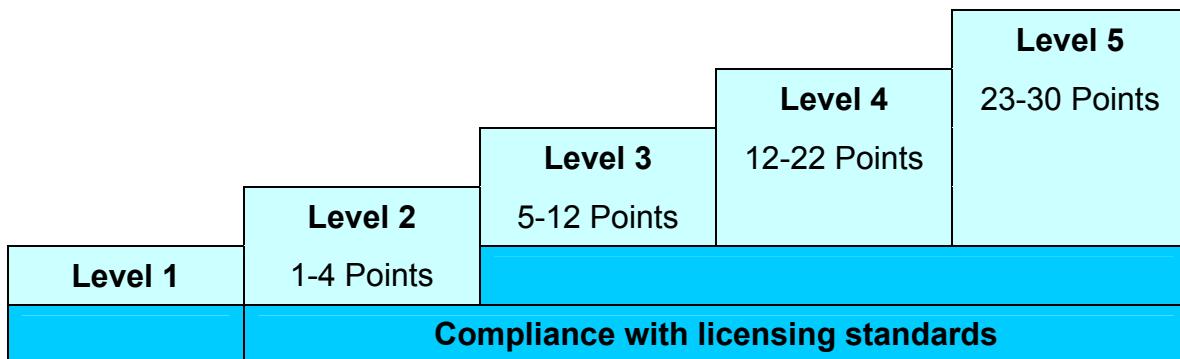
## QRIS MODEL:

Child Care Center:



Child Care Center Categories for Quality Indicators	
Category	Possible Points
Professional Development: Teacher Qualifications; Director Qualifications	xx
Curriculum and Learning Environment	xx
Management Practices	xx
Quality Improvement and Program Assessment	xx
Family and Community Partnership	xx
<b>Total</b>	<b>xx</b>

Family Child Care Home:



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Family Child Care Home Categories for Quality Indicators	
Category	Possible Points
Professional Development: Provider and Assistant Qualifications	xx
Curriculum and Learning Environment	xx
Management Practices	xx
Quality Improvement and Program Assessment	xx
Family and Community Partnership	xx
<b>Total</b>	<b>xx</b>

## EXAMPLE FOR OBTAINING QUALITY POINTS:

### Child Care Center:

Curriculum and Learning Environment (Maximum of 10 points, cumulative)	Points
Each classroom has at least 5 well-equipped, clearly defined learning centers	2
The learning environment, written curriculum, and lesson plans demonstrate early literacy activities, including reading.	2
To be determined	2
“ “	1
“ “	1
“ “	2
Accreditation (National Association for the Education of Young Children (NAEYC), National After School Association (NAA), or other recognized accrediting body.	10

### Family Child Care Home:

Curriculum and Learning Environment (Maximum of 10 points, cumulative)	Points
Well equipped learning environment to support child development	2
The learning environment, written curriculum, and lesson plans demonstrate early literacy activities, including reading.	2
To be determined	2
“ “	2
“ “	1
“ “	1
Accreditation (National Association of Family Child Care or other recognized accrediting body)	10

## OTHER ISSUES:

### Administration

- Lead entity needed to oversee implementation including communication and maintaining information system;
- Building on the services and systems already in place, supports to quality improvement need to be available for participating providers including: support to self-assessment and the development of quality improvement plans; mentoring, technical assistance and consultation; scholarships; training and professional development;
- Program assessment needs to be done by individuals who are qualified and trained (inter-rater reliability across assessments is critical);
- Licensors would review provider materials (portfolio) and assign ratings;
- Evaluation needs to be built-into the system to ensure fidelity in implementation and improvements in program quality and child outcomes.

### Outreach

- Funding and staff needed now to develop messages, tool kits, train, track and provide feedback;
- Targeted messages delivered to families, businesses, communities, providers connected to *Washington Learns*;
- Provider input critical to success of QRIS (there needs to be buy-in from providers for the system to work).

### Tiered Reimbursement

As implemented in the Spokane Pilot, participating providers (homes and centers) must serve at least 25% DSHS subsidized children. When providers begin participating in the process, they receive a 5% enhancement to the rates they are paid for subsidized children. When they achieve accreditation, they receive a 9% enhancement. The enhanced funds are paid as quarterly bonuses to participating providers.

- Questions raised by the TAC about the Spokane approach include:
  - Are these enhancements adequate (at least one researcher has suggested a 15% minimum enhancement);
  - Should the enhancements be disconnected from individual children served to provide greater stability in program revenue;
  - Why not include providers who serve fewer subsidized children?

- Other issues for consideration:
  - The need for higher base subsidy rates;
  - The need to consider the costs associated with increased quality such as improved child-staff ratios;
  - Incentives for participation for all providers, e.g. regular bonuses, bonuses when providers move from one level to the next, pooling for health benefits or recognition for providers (bumper stickers?);
  - The purchase of some slots in high quality programs;
  - Cohort groups that support providers in working toward accreditation; and,
  - Multiple points of entry for providers (some providers may start as a Level 2 or 3 rather than 1).

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